

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

Name of Candidate Kelvin D. BuckAddress 700 MLK DrTelephone 662 252-2899 Fax \_\_\_\_\_Contact Name Kelvin D. Buck Email Kelvinbuck@yahoo.comOffice Sought State Representative Dist 5 Political Party Democrat
☐ Check here if above is different from previous report
**TYPE OF REPORT**

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 7,600. <sup>00</sup> + \$ 750. <sup>00</sup>	\$ 8,350. <sup>00</sup>	\$ 8,350. <sup>00</sup>
Total amount of disbursements	\$ 1,300. <sup>00</sup> + \$ 450. <sup>00</sup>	\$	\$ 1,750. <sup>00</sup>
Total amount of cash on hand		\$ 6,600. <sup>00</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Kelvin D. BuckDate 1-30-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Kelvin O. Buck  
Reporting period Jan 01, 2010 - Dec 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>The South Reporter</u>	<u>7/10/10</u>	<u>\$ 160.00</u>
<b>Mailing Address</b>		
<u>P.O. Box 278</u>		
<b>City, State, Zip Code</b>		
<u>Holly Springs, MS 38635</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<u>\$ 350.00</u>
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>South Center Printing</u>		
<b>Mailing Address</b>		
<u>157 S. Center St</u>		<u>\$ 950.00</u>
<b>City, State, Zip Code</b>		
<u>Holly Springs, MS 38635</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<u>\$ 950.00</u>
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<u>\$</u>
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<u>\$</u>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<u>\$</u>
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<u>\$</u>

Name of Candidate or Committee Kelvin A BeckPage 1 of 5

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MERCK + Co Inc</u>		<u>7/20/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1000</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>North Wales PA 19454-2505</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Concerned Executives For Healthcare PAC</u>		<u>6/3/10</u>	\$ <u>250.00</u>
Mailing Address <u>5100 Poplar Ave.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Memphis, TN 38137</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Clay Firm PLLC</u>		<u>4/23/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 217</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39205-0217</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch</u>		<u>9/23/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39201-0217</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Kelvin D Buck  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Resources</u>		<u>12/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>210 E. Capital St</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>		<u>8/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Rd Suite C</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway</u>		<u>8/12/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 961039</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Forth Worth, TX 76161-0039</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into cash of MS</u>		<u>8/14/10</u>	\$ <u>250.00</u>
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee

Kelvin Buck

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thompson Dunavant		6/3/10	\$ 500.00
Mailing Address 5100 Poplar Ave		__/__/__	\$
City, State, Zip Code Memphis, TN 38137		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name W B Consultants Consolidated		10/12/10	\$ 500.00
Mailing Address 770 Northwest St		__/__/__	\$
City, State, Zip Code Jackson, MS 39202		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MPC PAC		6/17/10	\$ 400.00
Mailing Address P.O. Box 4079		__/__/__	\$
City, State, Zip Code Gulfport, MS 39502		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 400.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gary Anderson		8/12/10	\$ 500.00
Mailing Address Holbrook Dr		__/__/__	\$
City, State, Zip Code Jackson, MS 39206		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

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Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J. M. Flick Ash</u>		<u>5/11/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 128</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Potts Camp MS 38658</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required) <u>Business man</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Delta Technical College</u>		<u>12/10/10</u>	\$ <u>1000.00</u>
Mailing Address <u>6550 N. Interstate Blvd</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Horn Lake MS 38637</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cecelia D. Best</u>		<u>10/8/10</u>	\$ <u>250.00</u>
Mailing Address <u>39 Southbrook Dr</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Byhalia MS 38611</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FN PAC Mississippi</u>		<u>9/15/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1640</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson MS 39215</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Kelvin O. Buck  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reynolds American</u>		<u>8/3/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 2990</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Winston-Salem, NC 27102</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Agents &amp; Employee PAC</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 38</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$